

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

*Booker*

*10/069455*

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
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TOTAL IND.	6											
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS